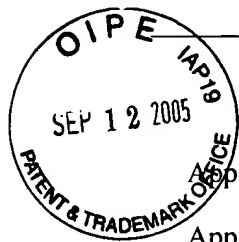


Please Direct All Correspondence to Customer Number **20995****REQUEST FOR CONTINUED EXAMINATION**

Applicant : Steven F. Bierman
 App. No : 09/767,207
 Filed : January 22, 2001
 For : MEDICAL DEVICE CONNECTOR
 FITTING
 Examiner : Kevin C. Sirmons
 Art Unit : 3763

CERTIFICATE OF MAILING

I hereby certify that this correspondence and all marked attachments are being deposited with the United States Postal Service as first-class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on

September 8, 2005

(Date)

William H. Shreve, Reg. No. 35,678

Mail Stop RCE

Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

Dear Sir:

This Request for Continued Examination (RCE) is being made as follows:

1. Submission Required under 37 CFR 1.114:

- (X) Enclosed:
 (X) Amendment/Reply in 10 pages.
 (X) Return Postcard.

2. Fees:

FEE CALCULATION				
FEE TYPE		FEE CODE	CALCULATION	TOTAL
RCE Fee		2801 (\$395)		\$395
Suspension of Action		1463 (\$130)		\$0
Total Claims	22 - 37 = 0	2202 (\$25)	0 x 25 =	\$0
Independent Claims	9 - 10 = 0	2201 (\$100)	0 x 100 =	\$0
3 Month Extension		2253 (\$510)		\$510
			TOTAL FEE DUE	\$905

- (X) An extension of time is hereby requested by payment of the appropriate fee indicated above.

3. Payment:

- (X) Check in the amount of \$905 to cover the above fees.

09/13/2005 YPOLITE1 00000044 09767207

01 FC:2801

395.00 OP

09/13/2005 YPOLITE1 00000044 09767207

02 FC:2253

510.00 OP

Docket No.: VINTL.087A

September 8, 2005

App. No.: 09/767,207

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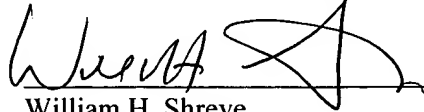
Please Direct All Correspondence to Customer Number **20995**

Please charge any additional fees, including any fees for additional extension of time, or credit overpayment to Deposit Account No. 11-1410.

4. Other Enclosures:

(X) Return Postcard.

Respectfully submitted,
KNOBBE MARTENS OLSON & BEAR LLP



Dated: September 8, 2005

William H. Shreve
Registration No. 35,678
Attorney of Record
Customer No. 20,995
(949) 760-0404

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